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**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90089 031 \*\*\*\*61.25

001/198

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 765175**

1. Corporation Name  
**WILDLIFE SANCTUARY OF NORTHWEST FLORIDA INCORPORATED**

Principal Place of Business Mailing Address  
 105 "S" STREET 105 "S" STREET  
 PENSACOLA FL 32505 PENSACOLA FL 32505



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/23/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2222303
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUTLAND, THOMAS W 500 BAYFRONT PARKWAY PENSACOLA FL 32501		81 Name	85 Zip Code
KAUFMANN, Dorothy W 105 North "S" STREET PENSACOLA, FL 32505		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Dorothy W Kaufmann Dorothy W. KAUFMANN 3/9/99 Director  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARICH, SANDRA DVM	1.2 NAME	LAUMIER, ELOISE
STREET ADDRESS	105 "S" STREET	1.3 STREET ADDRESS	105 "S" ST
CITY-ST-ZIP	PENSACOLA FL 32505	1.4 CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OWEN, CLIFFORD DVM	2.2 NAME	WRIGHT, ESQ. PATRICIA
STREET ADDRESS	105 "S" STREET	2.3 STREET ADDRESS	105 "S" ST
CITY-ST-ZIP	PENSACOLA FL 32505	2.4 CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMANN, JOHN	3.2 NAME	KAUFMANN, JOHN
STREET ADDRESS	105 "S" STREET	3.3 STREET ADDRESS	105 "S" ST
CITY-ST-ZIP	PENSACOLA FL 32505	3.4 CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, SYNDI DVM	4.2 NAME	ELLIS, SYNDI DVM
STREET ADDRESS	105 "S" STREET	4.3 STREET ADDRESS	105 "S" ST
CITY-ST-ZIP	PENSACOLA FL 32505	4.4 CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	OS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MARY	5.2 NAME	JONES, MARY
STREET ADDRESS	105 "S" STREET	5.3 STREET ADDRESS	105 "S" ST
CITY-ST-ZIP	PENSACOLA FL 32505	5.4 CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D ? <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, CLIFF	6.2 NAME	GREENE, CLIFF
STREET ADDRESS	105 "S" STREET	6.3 STREET ADDRESS	105 "S" ST
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	PENSACOLA, FL 32505

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy W Kaufmann Dorothy W. KAUFMANN Director 3/9/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850-473-9453

CR2E037 (11/98)

DOC - 465175  
23397-90089-31

Wildlife Sanctuary of Northwest Florida, Inc.  
105 "S" St.  
Pensacola, FL 32505

Additions/Changes to Officers & Directors in 12: (continued)

D                      X   Addition  
Huppert, Denny  
105 "S" St.  
Pensacola, FL 32505

D                      X   Addition  
Case, Ed  
105 "S" St.  
Pensacola, FL 32505

D                      X   Addition  
McClure, Karen  
105 "S" St.  
Pensacola, FL 32505

D                      X   Addition  
Aaron, Fred  
105 "S" St.  
Pensacola, FL 32505

D                      X   Addition  
Jordan, Robert  
105 "S" St.  
Pensacola, FL 32505

D                      X   Addition  
O'Gara, Chris  
105 "S" St.  
Pensacola, FL 32505

D                      X   Addition  
Burton, Melissa D.V.M.  
105 "S" St.  
Pensacola, FL 32505

D                      X   Addition  
Broussard, Kay  
105 "S" St.  
Pensacola, FL 32505